



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM



BlueCross BlueShield
of North Dakota

An independent licensee of the Blue Cross & Blue Shield Association

Employee Selection Form

Exclusive Provider Organization (EPO)

Effective Date: _____

Employee Name: Last _____ First _____ M.I. _____

Employee Benefit Plan Number: _____

Employee Social Security Number: _____

<input type="checkbox"/> NEW HIRE	OPEN ENROLLMENT <input type="checkbox"/> Transferring to EPO <input type="checkbox"/> Changing EPO network	<input type="checkbox"/> CANCEL EPO COVERAGE <small>(will automatically convert to Basic/PPO Plan effective July 1st.)</small>
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☐ MeritCare Medical Group — Fargo

☐ Altru Health Systems — Grand Forks

☐ Dakota Clinic, Ltd. — Fargo

☐ Craven-Hagan/Mercy Medical — Williston

☐ Medcenter One, Inc. — Bismarck

☐ PrimeCare health group — Bismarck

I understand that my Eligible Dependents and I must receive care within the provider network selected. Use of providers outside my affiliated network will result in a reduction of benefits, unless an Authorized Referral has been obtained.

Employee's Signature: _____ Date: _____

If you have questions, call the NDPERS Service Unit:

Toll-Free

1-800-223-1704

Fargo Local

282-1400

Please return this form to your payroll office.